

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10051363

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|---|-----------------|--------------|
| TOTAL CLAIMS | 20 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 20 minus 20 = * | 0 |
| INDEPENDENT CLAIMS | 3 minus 3 = * | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|--------------|--------|
| BASIC FEE | 370.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | 370.00 |

| RATE | FEE |
|--------------|--------|
| BASIC FEE | 740.00 |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE | ADDI-TIONAL FEE |
|-------------------------|-----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI-TIONAL FEE |
|-------------------------|-----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI-TIONAL FEE |
|-------------------------|-----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI-TIONAL FEE |
|-------------------------|-----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI-TIONAL FEE |
|-------------------------|-----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDI-TIONAL FEE |
|-------------------------|-----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

NOTICE OF FEE DUE

JC997 U.S. PTO
10/051363
01/17/02

DATE: 01-25-02

TO: Utility

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: 10051363

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

- ☒ Insufficient fee by check
- ☐ Insufficient funds in deposit account
- ☐ Declined credit card
- ☒ Non authorization for charge to deposit account
- ☐ No fee submitted per requirement

The correct fee code: 201 amount \$ 370.00

The suspended fee code: 197 amount -\$ 355.00

Fee Due amount =\$ 15.00

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator Maileye sus

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